PTO/SB/06 (08-00)
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Under the Paperwork Reduction Act of 1995, no persons are required to remond to a collection of information unless it displays a valid OMB control number. خار PATENT APPLICATION FEE DETERMINATION RECORD OTHER THAN CLAIMS AS FILED . PART I SMALL ENTITY OR SMALL ENTITY (Column ?) (Column 1) FEE NUMBER EXTRA RATE NUMBER FILED RATE FEE FOR BASIC FEE <u>370</u> OR S (37 CFR 1.16(v)) TOTAL CLAIMS 9 _ 27 243 OR 47 minus 20 = x \$_ INDEPENDENT CLAIMS 1 <u>42-</u> OR 42 minus 3 O1 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT G7 CFR 1.16/dn OR 140-140 795 TOTAL OR TOTAL If the difference in column 1 is less then zern, enter "0" in column 2 CLAIMS AS AMENDED - PART II 10-13 -00 SMALL ENTITY OTHER THAN OR SMALL ENTITY (Column 1) (Column 2) ADDI-HIGHEST ADDI-**CLAIMS** REMAINING NUMBER PRESENT RATE TIONAL TIONAL RATE AMENDMENT **EXTRA AFTER** PREVIOUSLY FEE FEE AMENDMENT PAID FOR OR Total Minus (37 CFR 1,16(o)) OR Independent Minus OR G7 CFR 1.16(b) (37 CFR 1.16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Cohum 2) (Column 3) ADDI-**CLAIMS** HIGHEST ADDI-8 **PRESENT** REMAINING NUMBER RATE TIONAL TIONAL RATE AMENDMENT AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT **PAID FOR** OR ++ Total
G1 CFR 1.16(c)) Minns OR *** Independent Minus OR (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 3) (Column 2) (Column t) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT TIONAL RATE TIONAL RATE **AMENDMENT PREVIOUSLY EXTRA AFTER** FEE FEE AMENDMENT PAID FOR OR Total = Minus OR Independent Minus (37 CFR 1.15(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 07 CFR 1.16(d)) OR TOTAL TOTAL OR • If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
•• If the "Highest Number Proviously Paid For" IN THIS SPACE is less than 20, enter "20". ADDIT. FEE ADDIT FEE

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

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